



SUMMARY OF SAFETY AND EFFECTIVENESS INFORMATION

APPLICANT'S NAME/ADDRESS BioMeridian, Inc. Draper, Utah 84020

12411South 265 West Suite F

Contact Person

Joe Galloway

COMMON/USUAL NAME:

Galvanic Skin Response Device

CLASSIFICATION NAME:

Galvanic Skin Response Device

ESTABLISHMENT

REGISTRATION NUMBER:

1723429

CLASSIFICATION:

The Galvanic Skin Response Measurement Device is classified into class II as described in Title 21, code of Federal Regulation 82.1540.

PERFORMANCE STANDARD:

BioMeridian Inc. is not aware of any special controls or performance standards established for this device under sections 513 or 514,

respectively, of the Food, Drug and

Cosmetics Act.

SUBSTANTIAL EQUIVALENCE:

BioMeridian, Inc. believes the MAS-21 is substantially equivalent

to the J&J G-25a GSR, and Global Corp.'s

C-29

CORPORATE OFFICES

- (888) 224-2337
- TELEPHONE (801) 495-1188
- CORPORATE FAX (801) 495-1199
- SALES FAX (801) 495-2266

TRAINING AND EDUCATION

- (801) 501-7518
- BioMeridian International, Inc.

CUSTOMER SUPPORT

- TOLL-FREE PHONE
- (877) 404-2378
- TELEPHONE (801) 501-7517
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- MAGELLAN PHONE (801) 495–2211
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- MAGELLAN SHAREHOLDER RELATIONS magellan-info@biomeridian.com



The MSA-21 has undergone an extensive battery of tests to insure safety. The unit design was safety intense from the outset. Small details such as using a 3 pin mini Din connector for the electrode and a 7 pin mini Din connector for the probe so they could not be inserted into the wrong plug are just one example. This quest for safety included all MSA-21 accessories. BioMeridian, Inc. also submitted the MSA-21 to Intertek Testing Services for test and evaluation. The MSA-21 fully passed the following test:

Medical Electrical Equipment (see attachment # 3)

- a) UL 2601-1
- b) CSA C22.2 No 601.1

Medical Electrical Equipment, Part 1: General Requirements for Safety (see attachment # 4)

- a) EN60601-1
- b) IEC 601-1

Emissions and Immunity Testing (see attachment # 5)

a) EN60601-1-2:1993

In summary the MSA-21 meets or exceeds all the safety requirements for a medical device in its class. Our dedication to safety is evidenced in the many extra steps we have taken to insure a safe product. Also the MSA-21 has met all the requirements and has received a registered CE mark.

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DEPARTMENT OF HEALTH & HUMAN SERVICES



JAN 20 2000

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Mr. Joe Galloway Vice President of Compliance Biomeridian, Inc. 12411 South 265 West Suite F Draper, Utah 84020

Re: K993824

Trade Name: MSA-21 Regulatory Class: II Product Code: GZO

Dated: December 21, 1999 Received: December 21, 1999

Dear Mr. Galloway:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the current Good Manufacturing Practice requirement, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic (QS) inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed

predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4595. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsmamain.html".

Sincerely yours,

James E. Dillard III

Acting Director

Division of General and

Restorative Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

Indications for Use Statement

510 (k) Number.	1887 - 1 K 993824
Device Name.	η SA-21 (Meridian Stress Assessment)
Indications for Use.	The MSA-21 intended use is for the measurement of Galvanic Skin Respons
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PLEASE DO	NOT WRITE BELOW THIS LINE – CONTINUE ON ANOTHER PAGE IF NEEDE
	Concurrence of CDRH, Office of Device Evaluation (ODE)
	*
	(Division Sign-Off) Division of General Restorative Devices 510(k) Number K953824
Prescription Use	OR Over- The Counter Use

(Per 21 CFR 801.109)